

FACILITY MONITORING REVIEW FORM
(For use by Sponsoring Institution)

Date _____

Sponsoring Organization _____ CACFP Agreement # _____

Facility's name/Address _____ Phone # _____

License # _____ Capacity _____ Is this facility over license capacity? Y N NA

Number of children enrolled _____ Number in Attendance on day of review _____

Is this Facility Affiliated or Unaffiliated? (Circle one)

Is the "... And Justice For All" poster displayed in a prominent location? Y N

Meal observed (circle one) Breakfast Snack (a.m.) Lunch Snack (p.m.) Supper Late Snack

Menu _____

Did meal service meet USDA requirements for component and quantities? Y N

If No, document efficiencies _____

Was meal served in compliance with CACFP (agreement/contract) scheduled meal service time? Y N

Are meal services documented daily? Y N

Are the kitchen /cooking areas and serving/dining area adequate for food service? Y N

Are the following forms on file?

Income Eligibility Forms (IEF) on file and current	Y	N	NA
Enrollment Forms on file and current?	Y	N	NA
Attendance record up to date	Y	N	NA
Sign –in Sheets available during review (<i>At Risk Program only</i>)	Y	N	NA

Do all participants sign in daily? (*At Risk Program only*) Y N NA

Is there any separation of race, color, national origin, sex, age or disability in the eating area or sitting arrangements? Y N

Areas of deficiency cited during this review _____

Is Corrective Action Required? Y N If yes, explain _____

Area of training and/or technical assistance provided during this review _____

Additional Comments: _____

Facility Official Signature and Date

Sponsoring Organization Signature and Date